Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address	FOR COURT USE ONLY
Sevan Gorginian, Esq. (SBN 298986) Law Office of Sevan Gorginian 450 North Brand Blvd. Suite 600 Glendale, CA 91203 T: 818-928-4445 F: 818-928-4450 sevan@gorginianlaw.com	
☐ Debtor(s) appearing without an attorney ☐ Attorney for Debtor(s)	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION	
In re:	CASE NO.:
PETER BABAYAN,	CHAPTER: 7
, , , , , , , , , , , , , , , , , , , ,	DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE
	[11 U.S.C. § 521(a)(1)(B)(iv)]
Debtor(s).	[No hearing required]
Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):	
Declaration of Debtor 1	
1. I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:	
During the 60-day period before the Petition Date (Check only ONE box below):	
I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)	
X I was not paid by an employer because I was either self-employed only, or not employed.	
Date: 3/28/22 PETER BABAYAN	× ×
Printed name of Debtor 1	Signature of Debtor 1

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.